

02570 U.S. PTO
021004Please type a plus sign inside this box ☒PTO/SB/50 (08-00)
Approved for use through 12/30/2000. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.	100.568USR2
First Named Inventor	Hiroshi Takatori, et al.
Original Patent Number	6,229,855
Original Patent Issue Date (Month/Day/Year)	May 8, 2001
Express Mail Label No.	EV385201383US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of
patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Unsigned Reissue Oath/Declaration (original or
copy) (37 CFR § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))

☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 CFR 3.73(b)
Statement (PTO/SB/96) ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☐ Statement of status/support for all changes to
the claims. See 37 CFR 1.173(c).
8. ☐ Original U.S. Patent for surrender
☐ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-
1449 ☐ Copies of IDS
Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

34206

or



Correspondence address below

Name

Jon M. Powers

Address

Fogg & Associates, LLC
P.O. Box 581339

City

Minneapolis

State

MN

Zip Code

55458-1339

Country

USA

Telephone

612-332-4720

Fax

612-332-4731

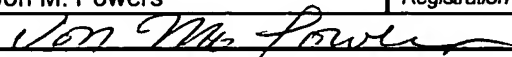
Name (Print/Type)

Jon M. Powers

Registration No. (Attorney/Agent)

43,868

Signature




Date

February 10, 2004

17513 U.S. PTO
10/776036

021004

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (optional) 100.568USR2		
Claims as Filed – Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 13	Total Claims (37 CFR 1.16(j))	(B) 75	**** 55 =	x \$	=	x \$	18 = 990.00	
(C) 4	Independent claims (37 CFR 1.16(j))	(D) 8	* 4 =	x \$	=	x \$	84 = 336.00	
Basic Fee (37 CFR 1.16(h))				\$	750.00			
Total Filing Fee				\$	2,076.00			
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest No. Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 11.16(j))	***	MINUS	**	* =	x \$	=	x \$	=
Independent claims 37 CFR 1.16(j))	***	MINUS	*****	=	x \$	=	x \$	=
Total Additional Fee					\$	OR \$		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> Filing fee is deferred.</p>								
February 10, 2004 Date				 Signature of Applicant, Attorney, or Agent of Record				
Jon M. Powers / Reg. No. 43,868 Typed or printed name								

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 6,229,855 B1
DATED : May 8, 2001
INVENTOR(S) : Takatori et al.

Page 1 of 1

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 5.

Line 51, "Boosting the power..." should start a new paragraph.

Lines 59-60, there should be no new paragraph after "HTU-C margin."

Column 10, claim 9.

Line 30, "crosstalk the" should read -- crosstalk, the --

Signed and Sealed this

Eighth Day of January, 2002

Attest:

A handwritten signature in black ink, appearing to read "James E. Rogan", with a horizontal line drawn underneath it.

Attesting Officer

JAMES E. ROGAN
Director of the United States Patent and Trademark Office